

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO. **10/510193**
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.	2	↓	2	↓		↓			↓		↓		↓
TOTAL DEP.	21	←	99	←		←			←		←		←
TOTAL CLAIMS	23		101										
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TOTAL DEP.		←		←		←			←		←		←
TOTAL CLAIMS													